## **Disclosure Report Cover** Use this form for general report and committee info

Amendment

No No

1. Committee Information       c. 10 Number         2. Poll Name       c. 10 Number         2. Mailing Advers (include City, Suit and 20 (Solo)       d. Date Flied         3. Do BOX (3-55-3)       310-2010         WINS to N - Salem / NC 20117       3. Berind Start Date (unwidey)         2. Report Year       3. Period Start Date (unwidey)         4. Deterfield End Pate       6. Treatourer Full Name         2. Report Year       3. Period Start Date (unwidey)         4. Deterfield End Pate       6. Treatourer Full Name         2. Report Year       3. Period Start Date (unwidey)         4. Period End Pate       6. Treatourer Full Name         2. Report Year       3. Period Start Date (unwidey)         6. Type of Report       6. Streatourer Full Name         8. Type of Report       Constate Click Cone)         9. Type of Report       0. Openinational         10. Special Base       0. Openinational         11. Recount Information       10. Special Report Name         2. Number of Fund reserve this Report       11. States and the full Special Report Name         3. Number of Fund reserve this Report       11. States and the full Special Report Name         3. Number of Fund reserve this Report       11. States and the full Special Report Name         3. Number of Fund reserve this Report	Use this form for gener Do not use this form to	ral report and committee i update information	nformat	tion, aus b	sioned	and sup	mitted along with	1 other de	tailed forms.	
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b. Mailing Address function City, State and Zip Cado       7       4. Date Field         POBOX (3,55,3,3)       310-2010         WiN55bN - Salem, NC 20117       - Phane Number         2. Report Year       3. Period Start Date (man/ddxy)       4. Period End Date (man/ddxy)       5. Treasurer Full Name         2. Report Year       3. Period Start Date (man/ddxy)       4. Period End Date (man/ddxy)       5. Treasurer Full Name         2. Oldo       3 -5'-0       41/7 - 10       Karen Venable         5. Type of Report       Conduct Campaign       Party       Mankpal       StateCounty         B. Conduct Campaign       Party       Mankpal       StateCounty       Referendam         PAC       Output functional       Be organizational       Organizational       Pre-efferendam         Independent       Data Find       Organizational       Pre-efferendam       Pre-efferendam         Bootne Fund       Data Find       Pre-efferendam       Second       Supplemental find         Building Fund       Pre-grammat       Find       Second       Supplemental find         Building Fund       Second       Special       Second       Special         Second       Special       Second       Special       Second         Building Fund <t< td=""><td>a. Full Name</td><td></td><td></td><td><u></u></td><td><u>in de la cicla de la c</u></td><td><u></u></td><td><u></u></td><td>C. II</td><td>) Number</td></t<>	a. Full Name			<u></u>	<u>in de la cicla de la c</u>	<u></u>	<u></u>	C. II	) Number	
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□       Booster Fund"       □       Pre-election       □       Supplemental Final       Annual         □       Other.       □       Third       □       Secial       □       Outh       Special       □       IO. Special Report Name         □       Other.       □       Mid Year       Secial monal       □       Special       □       IO. Special Report Name       □       Special       □       IO. Special Report Name       □       Special       □       D       Special       □       D       D       D       D       D       D       D       Special <t< td=""><td>Expenditure</td><td> Joint Fundraiser</td><td>· L</td><td>Thirty-live da</td><td>ý</td><td>ļ</td><td>Juarterly</td><td></td><td>Pre-referendum</td></t<>	Expenditure	Joint Fundraiser	· L	Thirty-live da	ý	ļ	Juarterly		Pre-referendum	
□       Building Pund       □       Pro-runoff       □       Third       □       Annual         □       Other:       □       Mid Year       Semi-annual       □       Semi-annual       □       Special       □       Special       □       0         □       Other:       □       Other       □       Special       □       Special <td>7. Type of Fund (</td> <td>if applicable, check one)</td> <td></td> <td>Pre-primary</td> <td></td> <td><math>\square</math></td> <td>First</td> <td></td> <td>Final</td>	7. Type of Fund (	if applicable, check one)		Pre-primary		$\square$	First		Final	
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8. Number of Fundraisers this Report       Final       Period         11. Account Information       11. Account Information       11. Account Information         a. Financial Institution Full Name       a. Financial Institution Full Name       C. Account Code         b. Purpose       c. Account Code       b. Purpose       c. Account Code         CAMPAIGN       STB 5.3       If yr       If yr         d. Period Begin Balance       s       J. Period Begin Balance       s         S //O.OO       S       CERTIFICATION       If the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that of funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that of Signer       Signature of Appointed Treasurer       Date         FOR OFFICE USE ONLY       Date       Signature of Appointed Treasurer       Date         Date Received:       4/26/10       Employee:       Inforgen and and that Delivered         Date Scanned:       Employee:       Employee:       Date         Date Data Entered:       Employee:       Signature of Appointed Treasurer, assistant treasurer, custodian of books information, or account information.										
8. Number of Fundraisers this Report       Special       Final         11. Account Information       11. Account Information       12. 2022         a. Financial Institution Full Name       a. Financial Institution Full Name       No         a. Financial Institution Full Name       a. Financial Institution Full Name       No         b. Purpose       c. Account Code       b. Purpose       c. Account Code         CAMPAIGN       STB 5.3       11. Growship       11. Account function Full Name         a. Financial Institution Full Name       No       11. Account function Full Name       No         b. Purpose       c. Account Code       b. Purpose       c. Account Code Y       11. Growship         d. Period Begin Balance       g. 11. Growship       g. 11. Growship       11. Growship       11. Growship         d. Period Begin Balance       g. 1/0.00       g. 11. Growship       11. Growship       12. Growship         CERTIFICATION       I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Electrons.       I work with a statute of Appointed Trasure         DAC CON       Normal Mail       Registered Mail       Nor	U Other:				l i			10.	Special Report Name	
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Campaign       STB53         d. Period Begin Balance       d. Period Begin Balance         s       //0.00         CERTIFICATION         I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.         Marcen Vendole       Marcen Vendole         Printed Name of Signer       Signature of Appointed Treasurer         Date         FOR OFFICE USE ONLY         Date Received: <a href="#">##################################</a>		51			1 1		·			
Cumpuly       S/BSS       d. Period Begin Balance         d. Period Begin Balance       d. Period Begin Balance         s       //0.00         CERTIFICATION       s         I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.         Marcen Venatole       Marcen Venatole         Printed Name of Signer       Signature of Appointed Treasurer         Date       Delivery Method         Date Received:       ////////////////////////////////////	~	c. Account Code			o. rurp	ose		C. A		
\$ //0.00       \$         CERTIFICATION         I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.       I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.         Marcin N       Marcin N         Date Received:       1         Marcin N       Employee:         Date Postmarked:       Employee:         Date Scanned:	Campaign	Lampaign STB53		· · · · · · · · · · · · · · · · · · ·						
CERTIFICATION         I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.         March Ventole       4-26-10         Printed Name of Signer       Signature of Appointed Treasurer         Date         FOR OFFICE USE ONLY         Date Received:       4/26/10         Employee:       1         Date Postmarked:       Employee:         Date Scanned:       Employee:         Date Data Entered:       Employee:         Prices Note:       This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.		d. Period Begin Balance	· 			d. 1	Period Begin Balance			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.       I further certify that this report         MarceN       VeNAble       Y - 26 - 10         Printed Name of Signer       Signature of Appointed Treasurer       Date         FOR OFFICE USE ONLY       Imployee:       Imployee:       Imployee:         Date Received:       Imployee:       Imployee:       Imployee:         Date Scanned:       Employee:       Imployee:       Imployee:         Date Data Entered:       Employee:       Imployee:       Imployee:         Please Note:       This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.	·	\$ 110.00	\$ 110.00					\$		
the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. <u>AACN VENABLE</u> Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: <u>H/26/10</u> Employee: <u>LiPY Speas</u> Date Postmarked: <u>Employee:</u> Date Scanned: <u>Employee:</u> Date Data Entered: <u>Employee:</u> Date Data Entered: <u>Employee:</u> Date Data Entered: <u>Employee:</u> Date Treasurer Date Printed Name of Signer As not received mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.	CERTIFICATION									
is complete, true and correct and that I have been trained by the NC State Board of Elections. <u>AAY CN VENADLE</u> Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Date Received: <u><u>4/26/10</u> Employee: <u>Lupy Speas</u> Delivery Method I Normal Mail Date Postmarked: Employee: Hand Delivered Date Scanned: Employee: Employee: Employee: Belivery Method Date Data Entered: Employee: Belivery Method Signer has not received mandatory training Method Signer has not received mandatory training Method Signer has not received mandatory training Method Signature of Appointed Treasurer, assistant treasurer, Custodian of books information, or account information.</u>										
Karen Venable       Mun Mulle       4-26-10         Printed Name of Signer       Signature of Appointed Treasurer       Date         FOR OFFICE USE ONLY       High //26/10       Employee:       Jupy Speas       Delivery Method         Date Received:       1/26/10       Employee:       Date //26/10       Normal Mail         Date Postmarked:       Employee:       Imployee:       Imployee       Normal Mail         Date Scanned:       Employee:       Imployee:       Imployee       Imployee         Date Data Entered:       Employee:       Imployee:       Imployee       Imployee         Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.       Signer has not received mandatory training								13. I HUITU	er certity mat uns report	
FOR OFFICE USE ONLY       Jate Received:       Jate/10       Employee:       Jate/20/10       Employee:       Delivery Method         Date Received:       //2/6/10       Employee:       Imployee:       <	- / - /			· ~ ~ /		1	ble /	4.	-26-10	
Date Received:       4/26/10       Employee:       Lupy Speas       Delivery Method         Date Postmarked:        Employee:        Normal Mail         Date Postmarked:        Employee:        Registered Mail         Date Scanned:        Employee:        Electronically Filed         Date Data Entered:        Employee:        mandatory training         Please Note:       This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.       Signer has not received mandatory training	P	rinted Name of Signer		Si	gnature o	f Áppointe	d Treasurer		Date	
Date Received:	FOR OFFICE USE ONLY									
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## Detailed Summary Use this form to summarize all disclosure reporting forms and to

Amendment No No

Use this form to summarize all disclosure reporting fo 1. Committee Full Name (and Funds) applicable)	rms and to total n	nonetary information	
	Line Z. Lype		37.10 Numbers 777
Committee to elect Joycefor?	Kids O'	rganize	
Start of Election Cycle: January 1,	-	Total this Reporting Peri	od Election Cycle
4) Cash on Hand at Start		\$ //D/D	D \$ A
RECEIPTS		<u> </u>	
5) Aggregated Contributions from Individuals	(CR0-1205	5	<b>s</b>
6) Contributions from Individuals	(CRO-1210	\$ 44.50	\$ 2144.01
7) Contributions from Political Party Committees	(CRO-1220)	) \$	\$
8) Contributions from Other Political Committees	(CRO-1230)	) <b>\$</b>	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organiza	tions (CRO-1250)		\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CR0-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b			\$ 444.01
EXPENDEDCROS - SA			<u> </u>
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 12.75	\$ 12.75
13b) Contributions to Candidates/Political Committ	tees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
(7) In-Kind Contributions	(CRO-1510)	HILES	\$334.01
(8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14		<u> </u>	\$ 346.76
9) Cash on Hand at End (Add lines 4 and 12 together, then		97.25	\$ 97,25
NDDIHIKONALE INFRORMATIKON	and the state of		
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330) \$		
1) Outstanding Loans (incl. ones from other campaigns	s) (CRO-1430) \$		
2) Debts and Obligations owed by the Committee	(CRO-1610) \$		
3) Debts and Obligations owed to the Committee	(CRO-1620) \$		
I) Account Transfers Within the Committee	(CRO-1720) \$		
i) Administrative Support	(CRO-1710) \$	······································	\$
) Forgiven Loans	(CRO-1440) \$		\$
) 48-Hour Notice Reports Sum	(CRO-2220) \$		\$
Contributions to be Refunded	(CRO-1215) \$		\$

## twibutions from Individuals

Amendment 

No

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and the second se	the second s	vidual contributions o		) of contributions und		2. ID Num	
	itte full Name (	and Fund if applical	0.	cids		2. 11 IV	
3. Contri	ibutor Informatio	m		the second se	move		
1	ne, Mailing Address &	<ul> <li>Set and the set of t</li></ul>	(1.59) <del></del> (5.5)	b. Job Title/Profession	)	d. Comment	8
(include	city, state, & zip)			Reservation:	S AGENT		
Joyl	e mª Ao	Ams		c. Employer's Name/S	· ·		
Poi	30× 1252	23		us Airwa	seys	e. Election S	um to Date
Win	iston-Sa	Ams 23 Jem, NC 2711	7			S.	46.50
f. Prior	g. Account Code	h. Form of Payment		l	j. Date (mm/dd/yy		k. Amount
	g. Account Coue	111 1	0.	at a a a			\$ 8.90
		debit Card	<b>P</b> O:	Stage		<u>3010</u>	\$ 20.70
	I	debit Cara		pies	<u>4-13-a</u>	010	\$
	an an an air the follower water		138 <b>-15</b> 1250				<b>Ψ</b>
194 M. 199 M. 199 M. 199 M. 199	butor Informatio				move	d. Comment	<u> </u>
	ne, Mailing Address & city, state, & zip)	e Phone		b. Job Title/Profession		u, comment	a 
(menue	(h); sizie; & zp)	<u></u>		-			
				c. Employer's Name/S	pecific Field		
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3. Contri	butor Informatio	n		a fa she anna an a	moye	Sec. 19	
	ie, Mailing Address 8	k Phone		b. Job Title/Profession	L	d. Comment	8
(include)	city, state, & zip)	<u> </u>					
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			1				\$
4. Total	only this Page					\$	46.50
	of ALL CRO	and the second	PO 1100			\$	46.50
(1 his une	must be on une o of I	Detailed Summary Page C	nv-1100	HAR VEDERISA EK (2018) and		l	<u>`</u>

## Disbursements

Amendment

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee	Full Name (and Fund	d if applicable)	1.	Stream Stream		G-4401.784	2. ID Number
Commis	Hee to Ele	ect Jours	2-for	Kids		_	
3. Type of Dist	oursement <u>(Please</u>	use separate CR	20-1310	forms for e			
Operating Exp 4. Payee Inform		tributions to Candida	ates/Politic		Remove	Coordina	ated Party Expenditures
Contractory and the state of the second second second	lailing Address & Ph	one	الساري وي الا	and and a second second	ed Committee N	ame	d. Comments
(include city, state	, & zip)						
San	Trust			c. Level Regi	stered (Specify)	Party	
POBO	x6205	47		Federal State	Coun Muni	ty: cipality:	e. Election Sum to Date
ORLA	x6205 Ndo, FL	33862-0	541				\$346.76
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (I	nm/dd/yyyy)	j. Amount	k. I	equired Remarks
STB 53	Electronic	K	3-1	8-10	\$ 12,75	5 Ch	eck order
					\$		
4. Payee Inform				Add 🗌	Remove		
a. Full Name, Mail (include city, sta	ing Address & Phone te, & zip)			b. Coordinate	ed Committee N	ame	d. Comments
	n si unukark <b>a.</b> Kusi una sari bi ang biusa kutu			7	n Man Mark Land and Andrea		
				c. Level Regis	itered (Specify)		
				State	=	cipality:	e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k, R	equired Remarks
				:	\$		
					\$		
4. Payee Inform	nation			Add 👘 🗖	Remove		ones that Samely Court
<ul> <li>Provide a state state of the st</li></ul>	ing Address & Phone			b. Coordinate	d Committee N	ime	d. Comments
(include city, stat	e, & zip)						
					tered (Specify)		
				Federal State	Count Count	•	e. Election Sum to Date
				<u> </u>			\$
		h. Purpose Code	C Data (a		j. Amount	- LÉ P	equired Remarks
f. Account Code	g. Form of Payment	and the proje could	1. Par (II		5. Allound:	<u></u>	<mark>ali der vier fritten sperste</mark> ren sin sperster op der soller soller soller soller soller soller soller soller so
					<u>*</u> \$		
5. Total only th	s Page					1	\$ 12.75
Sales of Sectors of Property of the	CRO-1310 Pages						
2 Charge and the Court of the C	line 13a of Detailed Sum	mary Page CRO-110	00 if Oper	ating Expense.	s)		\$
· ·	line 13b of Detailed Sum		•			nm)	12.75
and an and the branch of the local difference	line 13c of Detailed Sum Mes 11 ist detailed	1 M	Street of Low 1988	1.42+X.8.7	unpenunures)		
7/Purpose Codes: (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate							
E - Salaries	F* - Equipn			tical Party			ig Public Office Expenses ion to Legal Expense Fund
I - Postage O* Other	J - Penaltie	8 . ž	n∵-∩i	fice Expens	жэ (V <sup></sup> •	DUHAL	ion to regai expense rund
* Codes require	detailed explanation					14 <u>1</u> 00	
CRO-1310	-	NC S	tate Boar	d of Elections			December 2009

In-Kind Contributions Use this form to report non-monetary contribution	Pg	of	Amendment Yes No
Use CRO-1215 if In-Kind Contributions were	e or will be refunded within 7 da	ys.	<u> </u>
1. Committee Full Name (and Fund if appli			2. ID Number
Committee to Elect Jage f	o <u>r Ki'ds</u> □ Add □ Rei		
a. Full Name, Mailing Address & Phone	b, Type of Contril	C. The Mark Street and a second second street and the second second second second second second second second s	c. Comments
(include city, state, & zip)	Individual Candidate		
Joyce MEAdAms 23/1 marble St. Winston-Salem	Party PAC		ſ
Winston-Sale	Referendum	i i i i i i i i i i i i i i i i i i i	d. Election Sum to Date
and all all	Other Receipt	Source	\$334.01
e. Description			) g. Fair Market Amount
debit card - Postage	2	3-16-2011	o \$ 8.80
debit Card - Postage debit Card - Copies		3-16-2011 4-13-201	0 \$ 37.70
			\$
3. Contributor Information	🗌 Add 🔲 Ren	10VC	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contrib	utor	. Comments
	Candidate		
	Party PAC		
	Referendum	A 1	Election Sum to Date
- 21 - 11 MARTIN MARY MINISTRAL - 11 AN ADDRESS MATTER - 11 - 11 - 11 - 12 - 12 - 12 - 12 - 1			\$
. Description		f. Date (mm/dd/yyyy)	
			\$
			\$
			\$
Contributor Information	Add 🔲 Rem		
. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contribu	itor c.	Comments
	Candidate		
	D PAC		
	Referendum Other Receipt S	ource	Election Sum to Date
Description			B
Description		.Date (mm/dd/yyyy)	g. Fåir Market Amount \$
			\$
· · · · · · · · · · · · · · · · · · ·			\$
Total only this Page		\$	46.50
. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Pag	e CRO-1100	nter programmente Antre a construction de S	46.50
RO-1510	NC State Board of Elections		December 2007